



Self-Medication Agreement (Including Inhalers)

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

Students who are developmentally and/or behaviorally able, will be allowed to self-administer prescription and nonprescription medication, subject to the following:

1. A permission form must be submitted for all self-medication of all prescription and nonprescription medication.
 - a. Self-administration of prescription medication requires permission from parent, school administrator and physician. Physician consent is to be included on the prescription label or on the medication consent form.
 - b. Self-administration of non-prescription medication requires permission from parent and school administrator.
2. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
 - a. Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions. Physicians consent for self-administration is to be on the label or on the medication consent form.
 - b. Nonprescription medication must have the student's name affixed to the original container.
3. The student may have in his/her possession only the amount of medication needed for that school day.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations.

I have read and agree to the above criteria and give permission for my child to carry and self-administer:

Medication: _____

_____ **Date:** _____

Parent / Guardian Signature

I agree to comply with the above criteria.

_____ **Date:** _____

Student Signature

This student may carry and self-administer this medication as prescribed:

_____ **Date:** _____

School Administrator / Designee